Diagnostic Digital Imaging

- Referral Card -

Please call for appointment.

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Patient's name _____ Fee Estimate _____

Date of Birth _____ Appointment date _____ Appointment Time _____

Important Patient Information

- Fees for these services are due at time of appointment
- Law requires a written referral card to be presented at time of appointment. Please bring slip with you.

3D ConeBeam Volume Scans

Specify Site:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

❑ Maxilla ❑ Mandible
❑ Implant ❑ Impaction ❑ Endo ❑ Pathology
❑ TMJ ❑ Sinus ❑ Airway
❑ Patient to wear Appliance (specify type):_____
❑ Optical Scan
❑ Maxilla ❑ Mandible

Orthodontic Studies
❑ 2D ❑ 3D (Cone Beam CT)
❑ Beginning ❑ Progress ❑ Final

Delivery Method
❑ Data/Software Viewer Only ❑ Data + Portfolio
❑ Beamreaders

❍ Diagnostic Report by Maxillofacial Radiologist

2D Extra Oral Studies

❍ Lateral Cephalometric ❍ PA Cephalometric ❍ Panoramic
❍ Tracing Analysis___type_____
❍ Diagnostic Oral Facial Photography ❍ Carpal Index (HAND/WRIST)

Special Instructions

Doctor's Signature _____ Date _____

8 West Dry Creek Circle, Suite #201
Littleton, Colorado 80120
Tel 303.797.8306
Fax 303.798.6286

Learn more about ddi Imaging Center at www.ddiCenters.com

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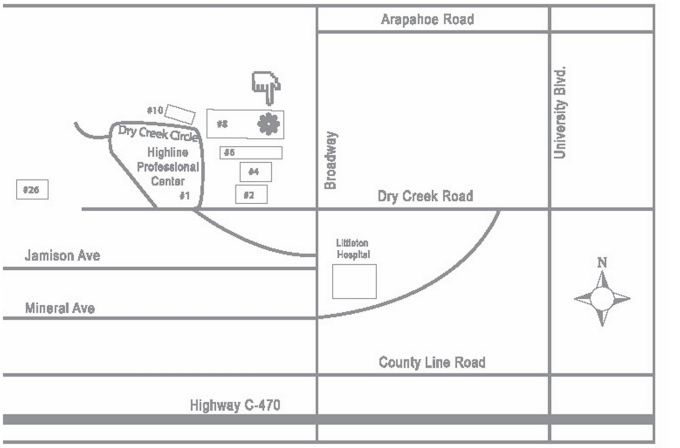

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- Learn more about what to expect during your visit.
- Get information on imaging and diagnostics.
- Find out more about ddi Imaging Centers.

All of this and more can be found online at:

www.ddiCenters.com

ddi Imaging Centers also has locations in California.
Sacramento | Roseville